

# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

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### Incident Information

URN: <b>018 - 15359 - 2823 - 151</b>		Date: <b>10/24/18</b>	Time: <b>1912 Hours</b>
Location: <b>809 East Rosecrans Avenue, Compton</b>		City or Station: <b>Compton</b>	
Bureau/Station/Facility: <b>Central Patrol Division / Compton Station</b>		Admin. Investigation: <input type="radio"/> YES <input checked="" type="radio"/> NO	
Type of Force: <b>Personal Weapons (Hand/Arm/Other) / Control Holds (Control Techniques) / Restraint Device</b>			
Incident Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3		Deputy Injury: <input checked="" type="radio"/> YES <input type="radio"/> NO    Suspect Injury: <input checked="" type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Detail		<input checked="" type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit	
IAB Notified: <input checked="" type="radio"/> YES <input type="radio"/> NO    Person Notified: <b>Sergeant Barron</b>		Emp: <b>[Redacted]</b>	IAB Roll Out: <input checked="" type="radio"/> YES <input type="radio"/> NO

### Involved Employee

<b>E1</b>	Employee #	Last Name: <b>Cuevas</b>	First Name: <b>Edgar</b>	Middle I.: <b>S.</b>	Rank: <b>DSG</b>
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: <b>H</b>	Height: <b>510</b>	Weight: <b>200</b>	Age: <b>[Redacted]</b>
			<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty		
Unit of Assignment: <b>Compton Station</b>			Work Assignment (Unit #, Module, etc.): <b>284D</b>		
Individual Force Used: <b>Personal Weapons/Control Holds/Restraint Device</b>			<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category: <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted    Facility: <b>N/A</b>			Coroner Case #: <b>N/A</b>		

<b>E2</b>	Employee #	Last Name: <b>[Redacted]</b>	First Name: <b>[Redacted]</b>	Middle I.: <b>-</b>	Rank: <b>DSG</b>
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: <b>H</b>	Height: <b>509</b>	Weight: <b>183</b>	Age: <b>[Redacted]</b>
			<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty		
Unit of Assignment: <b>Compton Station</b>			Work Assignment (Unit #, Module, etc.): <b>284D</b>		
Individual Force Used: <b>Personal Weapons/Control Holds</b>			<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category: <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted    Facility: <b>N/A</b>			Coroner Case #: <b>N/A</b>		

<b>E3</b>	Employee #	Last Name: <b>Garcia</b>	First Name: <b>Miguel</b>	Middle I.: <b>A</b>	Rank: <b>B-1</b>
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: <b>H</b>	Height: <b>511</b>	Weight: <b>192</b>	Age: <b>[Redacted]</b>
			<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty		
Unit of Assignment: <b>Compton Station</b>			Work Assignment (Unit #, Module, etc.): <b>285D</b>		
Individual Force Used: <b>Personal Weapons/Control Holds</b>			<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category: <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3
<input checked="" type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted    Facility: <b>N/A</b>			Coroner Case #: <b>N/A</b>		

### On Duty Supervisor

Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
				<b>SGT</b>	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
Supervisor Completing Investigation						
Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
	<b>Johnson</b>	<b>Steven</b>	<b>M.</b>	<b>SGT</b>	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
Watch Commander / Supervising Lieutenant						
Emp #	Last Name	First Name	Middle I.	Rank		
	<b>Jones</b>	<b>Robert</b>	<b>L.</b>	<b>LT</b>		

Watch Commander / Supervising Lieutenant's Signature: *LT. R. JONES*    Date: \_\_\_\_\_    Copy Provided to Employee by: \_\_\_\_\_    Emp #: \_\_\_\_\_

Unit Commander (Print Name): \_\_\_\_\_    Unit Commander's Signature: \_\_\_\_\_    Emp #: \_\_\_\_\_    Date: \_\_\_\_\_

# Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

0 1 8 - 1 5 3 5 9 - 2 8 2 3 - 1 5 1

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Involved Employee												
<b>E 4</b>	Last Name						First Name			Middle I.	Rank DSG	
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: H	Height: 509	Weight: 175	Age: 	Shift: <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment: Compton Station					Work Assignment (Unit #, Module, etc.): 285D						
	Individual Force Used: Control Holds					<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist			Individual Category <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: N/A					Coroner Case # N/A						
<b>E 5</b>	Last Name						First Name			Middle I.	Rank DSG	
	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Race: H	Height: 511	Weight: 185	Age: 	Shift: <input type="radio"/> EM <input checked="" type="radio"/> Day <input type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment: Compton Station					Work Assignment (Unit #, Module, etc.): 285						
	Individual Force Used: Control Holds/Restraint Device: Hobble (Legs Only)					<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist			Individual Category <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: N/A					Coroner Case # N/A						
<b>E 6</b>	Last Name						First Name			Middle I.	Rank DSG	
	Sex: <input type="radio"/> M <input checked="" type="radio"/> F	Race: B	Height: 506	Weight: 145	Age: 	Shift: <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment: Compton Station					Work Assignment (Unit #, Module, etc.): 283T1						
	Individual Force Used: Control Holds					<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist			Individual Category <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: N/A					Coroner Case # N/A						
<b>E</b>	Employee #	Last Name					First Name		Middle I.		Rank	
	Sex: <input type="radio"/> M <input type="radio"/> F	Race:	Height:	Weight:	Age:	Shift: <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment:					Work Assignment (Unit #, Module, etc.):						
	Individual Force Used:					<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist			Individual Category <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:					Coroner Case #						
<b>E</b>	Employee #	Last Name					First Name		Middle I.		Rank	
	Sex: <input type="radio"/> M <input type="radio"/> F	Race:	Height:	Weight:	Age:	Shift: <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty					
	Unit of Assignment:					Work Assignment (Unit #, Module, etc.):						
	Individual Force Used:					<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist			Individual Category <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:					Coroner Case #						

# Supervisor's Report on Use of Force

## SUSPECT INFORMATION

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### Suspect Information

**S** 1

Last Name <b>Magdaleno</b>		First Name <b>Angel</b>		Middle Name <b>Sebastian</b>		Armed? Select Firearm (Handgun)	
AKA Last Name <b>Rodriguez</b>		First Name <b>Angel</b>		Middle Name <b>Sebastian</b>			
Sex: <input checked="" type="radio"/> Male <input type="radio"/> Female	Race: <b>H</b>	Age: <b>23</b>	Height: <b>509</b>	Weight: <b>150</b>	D.O.B: <b>10/06/95</b>	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
Street Address: [REDACTED]				City: [REDACTED]		State & Zip Code: [REDACTED]	
Booking #: <b>5456447</b>		Primary Charge Code: <b>29800(a)1 PC</b>		Secondary Charge Code: <b>3455(b)1 PC</b>		Criminal History [REDACTED]	
Treated on Scene? <input type="radio"/> YES <input checked="" type="radio"/> NO		Name: <b>Captain Hendersen</b>		Unit: <b>Engine 421</b>		Phone #: <b>(310) 632-1634</b>	
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At: <b>Lakewood Regional</b>		Coroner Case #: <b>N/A</b>		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>	
By: <b>Dr. Reynolds/Dr. Perlman</b>		Address: <b>3700 E South St, Lakewood, CA 90712</b>				Phone #: <b>(562) 531-2550</b>	
Under Influence: <input checked="" type="radio"/> YES <input type="radio"/> NO		Substance: <b>Marijuana</b>		5150 a factor in force? <input type="radio"/> YES <input checked="" type="radio"/> NO		<small>User's guide provides direction on this entry</small>	
Date: <b>10/25/18</b>		Time: <b>0250</b>		<input type="checkbox"/> Audiotape: <input checked="" type="checkbox"/> Videotape: <input checked="" type="checkbox"/> Photos of Injuries:		<input checked="" type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

### Suspect Information

**S**   

Last Name		First Name		Middle Name		Armed? Select	
AKA Last Name		First Name		Middle Name			
Sex: <input type="radio"/> Male <input type="radio"/> Female	Race:	Age:	Height:	D.O.B:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
Street Address:				City:		State & Zip Code:	
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History	
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:	
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>	
By:		Address:				Phone #:	
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>	
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

### Suspect Information

**S**   

Last Name		First Name		Middle Name		Armed? Select	
AKA Last Name		First Name		Middle Name			
Sex: <input type="radio"/> Male <input type="radio"/> Female	Race:	Age:	Height:	D.O.B:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
Street Address:				City:		State & Zip Code:	
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History	
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:	
Hospital Admission? <input type="checkbox"/>		Rec'd Treatment At:		Coroner Case #:		Mental History <input type="checkbox"/> <small>User's guide provides direction on this entry</small>	
By:		Address:				Phone #:	
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		<small>User's guide provides direction on this entry</small>	
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries:		<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

# Supervisor's Report on Use of Force

## EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses					
Emp. #	Last Name	First Name	Middle Name		
	Benzor	Rogelio	J.		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
Compton Station		287D1		<input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
Compton Station		280S		<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
				<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Non-Employee Witnesses					
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age   D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2

☐ Additional Witness

$$\boxed{0} \boxed{1} \boxed{8} - \boxed{1} \boxed{5} \boxed{3} \boxed{5} \boxed{9} - \boxed{2} \boxed{8} \boxed{2} \boxed{3} - \boxed{1} \boxed{5} \boxed{1}$$